

PATENT NUMBER

**U.S. UTILITY Patent Application**

MR O.I.P.E.  
SCANNED Ed.A. Q.A. Am

**PATENT DATE**

|                              |             |                     |                 |                                  |                         |
|------------------------------|-------------|---------------------|-----------------|----------------------------------|-------------------------|
| APPLICATION NO:<br>09/880403 | CONT/PRIOR: | CLASS<br>709<br>361 | SUBCLASS<br>302 | ART UNIT<br>2153<br>2181<br>3835 | EXAMINER<br>Aune K Dang |
|------------------------------|-------------|---------------------|-----------------|----------------------------------|-------------------------|

NTS David Bottom

## Modular server architecture

PTO-2040  
12/89

## ISSUING CLASSIFICATION

[illegible]

|   |  |             |            |  |                      |
|---|--|-------------|------------|--|----------------------|
| <input type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>   | <b>DRAWINGS</b>                              |             |            | <b>CLAIMS ALLOWED</b>                          |                      |
|   | Sheets Drwg.                                 | Figs. Drwg. | Print Fig. | Total Claims                                   | Print Claim for O.G. |
| <input type="checkbox"/> The term of this patent<br>subsequent to _____ (date)<br>has been disclaimed.  | _____<br>(Assistant Examiner) (Date)         |             |            | <b>NOTICE OF ALLOWANCE MAILED</b><br><br>_____ |                      |
| <input type="checkbox"/> The term of this patent shall<br>not extend beyond the expiration date<br>of U.S Patent. No. _____<br><br>_____<br><br>_____ | _____<br>(Primary Examiner) (Date)           |             |            | <b>ISSUE FEE</b><br><br>Amount Due Date Paid   |                      |
| <input type="checkbox"/> The terminal ____ months of<br>this patent have been disclaimed.   | _____<br>(Legal Instruments Examiner) (Date) |             |            | <b>ISSUE BATCH NUMBER</b>                      |                      |

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